

**STATE OF UTAH**  
**DIVISION OF OCCUPATIONAL AND PROFESSIONAL**  
**LICENSING**  
**APPLICATION FOR LICENSURE**  
  
**ENVIRONMENTAL HEALTH SCIENTIST**  
**OR**  
**ENVIRONMENTAL HEALTH**  
**SCIENTIST-IN-TRAINING**

DOPL-AP-073 REV 07/03/01

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply necessary information may result in denial of licensure. Please read all instructions carefully.

**Address of Record:** The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address. Also, please note, the address of record is public information, available upon request and via the internet. You may choose to use a business address or a P.O. Box for your address of record rather than your home address.

**Social Security Number:** Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

**Supporting Documents and Fees:**

1. **If you are applying for licensure as an Environmental Health Scientist, submit the following:**
  - ☐ Transcript's documenting graduation from an approved educational program. See "Additional Important Information".

- ❑ The letter from Experior documenting your passing score on the REHS/RS Examination.
- ❑ The letter from Experior documenting your passing score on the Utah Law and Rules Examination for Environmental Health Scientists.
- ❑ The \$50.00 non-refundable application processing fee.

**2. If you are applying for licensure as an Environmental Health Scientist-In-Training, submit the following:**

- ❑ Transcript's documenting your graduation from an approved educational program. See "Additional Important Information".
- ❑ An "Environmental Health Scientist - In - Training Supervision Affidavit" form.
- ❑ The letter from Experior documenting your passing score on the Utah Law and Rules Examination for Environmental Health Scientists.
- ❑ The \$100.00 non-refundable application processing fee for an Environmental Health Scientist-In-Training license.

**Additional Important Information:**

**1. Law and Rules Exam:**

Applicants for licensure must pass the Utah Law and Rules Examination for Environmental Health Scientists. Contact Experior at the address and telephone number below to register for the examination.

Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009

You may also purchase a study guide from Experior, which has been prepared to assist candidates taking law exams.

In addition, the following applicable laws and rules are available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov)

- ❑ Division of Occupational & Professional Licensing Act
- ❑ General Rules of the Division of Occupational & Professional Licensing
- ❑ Environmental Health Scientists Act
- ❑ Environmental Health Scientists Act Rules

2. **Approved Educational Programs:**

In order to meet the educational requirements for licensure you must complete one of the following educational programs:

- ❑ Bachelor's or master's degree from an EHS program accredited by the National Environmental Health Science and Protection Accreditation Council (EHAC).
- ❑ Bachelor's or master's degree with major study in one of the following: agronomy, biology, botany, chemistry, environmental health science, geology, microbiology, physics, physiology, sanitary engineering, or zoology.
- ❑ Any bachelor's or master's degree which includes an algebra or math course and 30 semester hours or 45 quarter hours from at least three of the following curriculums: agronomy, biology, botany, chemistry, environmental health science, geology, microbiology, physics, physiology, sanitary engineering, or zoology.

3. **Environmental Health Scientist-In-Training License:**

The Environmental Health Scientist-In-Training License is issued for two years and is not renewable. The "In-Training" license permits you to practice under supervision of a licensed environmental health scientist while you are in the process of completing the REHS/RS examination. Upon passing the REHS/RS, you are required to submit documentation of passing the examination in order to receive your license as an environmental health scientist. There is no additional application and fee required.

4. **REHS/RS Examination:**

The National Environmental Health Association Registered Environmental Health Specialist/Registered Sanitarian Examination (REHS/RS) is administered by Experior. For registration and fee information, contact Experior at 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009.

5. **Professional Continuing Education:**

Thirty hours of professional continuing education is required for each two year period commencing on January 1 of each even numbered year for both the Environmental Health Scientist and the Environmental Health Scientist-In-Training. Individuals licensed during the two year period are required to complete a pro-rata amount of professional continuing education for the two year period.

6. **License Renewal:** May 31 of each odd numbered year.

**Make Licensure Fees Payable To:**

DOPL

**Mail Complete Application To:**

**By U.S. Mail**

Division of Occupational & Professional Licensing  
P.O. Box 146741  
Salt Lake City, Utah 84114-6741

**By Delivery or Express Mail**

Division of Occupational & Professional Licensing  
160 East 300 South, 1<sup>st</sup> Floor Lobby  
Salt Lake City, Utah 84111

**Telephone Numbers:**

Direct Dial: (801) 530-6551  
(801) 530-6403

Utah Toll Free: (866) ASK-DOPL  
(866) 275-3675

**Fax Number:** (801) 530-6511

# APPLICATION FOR LICENSE or CERTIFICATE or REGISTRATION

## GENERAL INFORMATION

License/Certificate/Registration Applying For: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Have You Ever Held A Utah License Before? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Name of Profession: \_\_\_\_\_

If Yes, License Number: \_\_\_\_\_

Gender (Male or Female): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## PUBLIC MAILING ADDRESS

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Telephone: \_\_\_\_\_

## DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: \_\_\_\_\_

Date License/Certificate Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date License/Certificate Denied: \_\_\_\_\_

Denied By: \_\_\_\_\_

Reason For Denial/Other Comments: \_\_\_\_\_

## APPLICATION FOR:

\_\_\_\_\_Environmental Health Scientist

\_\_\_\_\_Environmental Health Scientist-In-Training

## PROFESSIONAL EDUCATION

Answer “Yes” or “No”

\_\_\_\_\_I have included a copy of my transcript.

\_\_\_\_\_I have graduated from an Environmental Health Science program accredited by the National Environmental Health Science and Protection Accreditation Council (EHAC).

\_\_\_\_\_I have graduated with a bachelors or masters degree with major study in one of the following: agronomy, biology, botany, chemistry, environmental health science, geology, microbiology, physics, physiology, sanitary engineering, or zoology.

\_\_\_\_\_I have a graduated with a bachelors or masters degree which includes a math or algebra course and 30 semester hours or 45 quarter hours from at least three of the following curriculums: agronomy, biology, botany, chemistry, environmental health science, geology, microbiology, physics, physiology, sanitary engineering, or zoology. If “Yes”, complete the following section documenting the math or algebra course and the 30 semester hours or 45 quarter hours of required course work. Attach additional pages as needed.

(1) Name/Course Number: \_\_\_\_\_ Semester/Quarter Hours completed: \_\_\_\_\_

(2) Name/Course Number: \_\_\_\_\_ Semester/Quarter Hours completed: \_\_\_\_\_

(3) Name/Course Number: \_\_\_\_\_ Semester/Quarter Hours completed: \_\_\_\_\_

(4) Name/Course Number: \_\_\_\_\_ Semester/Quarter Hours completed: \_\_\_\_\_

(5) Name/Course Number: \_\_\_\_\_ Semester/Quarter Hours completed: \_\_\_\_\_

(6) Name/Course Number: \_\_\_\_\_ Semester/Quarter Hours completed: \_\_\_\_\_

(7) Name/Course Number: \_\_\_\_\_ Semester/Quarter Hours completed: \_\_\_\_\_

(8) Name/Course Number: \_\_\_\_\_ Semester/Quarter Hours completed: \_\_\_\_\_

(9) Name/Course Number: \_\_\_\_\_ Semester/Quarter Hours completed: \_\_\_\_\_

(10) Name/Course Number:\_\_\_\_\_Semester/Quarter Hours completed:\_\_\_\_\_

## **ENVIRONMENTAL HEALTH SCIENTIST QUALIFYING QUESTIONNAIRE**

Answer “yes” or “no” for each question. Do not leave any question blank.

1. \_\_\_\_\_Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. \_\_\_\_\_ Have you ever been denied the right to sit for a licensure examination?
3. \_\_\_\_\_Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
4. \_\_\_\_\_Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
5. \_\_\_\_\_Are you currently under investigation or is any disciplinary action pending against you now by any professional licensing agency?
6. \_\_\_\_\_Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
7. \_\_\_\_\_Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
8. \_\_\_\_\_Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
9. \_\_\_\_\_Have you been arrested for or charged with a misdemeanor or felony charge in any jurisdiction during the last 10 years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.

10. \_\_\_\_\_ Have you ever pled guilty to, no contest to, or been convicted of any felony or misdemeanor in any jurisdiction?
11. \_\_\_\_\_ Have you ever been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
12. \_\_\_\_\_ Have you ever been terminated from a position because of drug use or abuse?
13. \_\_\_\_\_ Have you ever been incarcerated for any reason in any Federal, State or County Correctional Facility?

If you answered “yes” to any of the above questions, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean that you will not be granted a license; however, additional documentation may be requested by the Division if the information submitted is insufficient.



# **AFFIDAVIT and RELEASE AUTHORIZATION**

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meets the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

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Division of Occupational and Professional Licensing  
160 East 300 South, P.O.Box 146741  
Salt Lake City, Utah 84114-6741

## **ENVIRONMENTAL HEALTH SCIENTIST - IN - TRAINING SUPERVISION AFFIDAVIT**

### **TO BE COMPLETED BY APPLICANT:**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

### **TO BE COMPLETED BY SUPERVISOR:**

Name of Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

EHS Supervisor License Number: \_\_\_\_\_

Name/Address/Telephone Number of Facility Where Supervision Will Take Place:

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that I am a licensed Environmental Health Scientist in the state of Utah and that I will provide general supervision to the above named applicant for an Environmental Health Scientist-In-Training license. I understand that I must be available for immediate voice communication and I certify that the above named applicant will be under my supervision while practicing as an Environmental Health Scientist-In-Training and will be in compliance with all Utah laws and rules.

Signature/Date of EHS Supervisor \_\_\_\_\_